

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED MAR 6 1962

Primary Registration District No.

3016

Registrar's No.

105

-62-005951

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)

JEFFERSON CITY, MO.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

St Marys Hospital

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

COLE

c. CITY

Liberty Township

OR

R R # 3 J C Mo.

Inside Limits

Yes ☐ No ☐

d. STREET

(If outside, give location)

ADDRESS

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

ADOLPH

JOHN

HOELSCHER

4. DATE

OF

DEATH

Month

Day

Year

MARCH 2, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

4/10/14

## 9. AGE (last birthday)

47

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

10

14

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rite Way Pottery

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Taos, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Henry Hoelscher

## 13b. MOTHER'S MAIDEN NAME

Margaret Taube

## 14. NAME OF HUSBAND OR WIFE

Minnie Schroer

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Minnie Hoelscher R#3 J C Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

myocardial infarction  
arteriosclerotic cardio-vascular disease 10 months  
Interval between onset and death 1 day

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from May 19 61 to Mar. 2, 1962 and last saw him alive on Mar 1, 1962

Death occurred at 2:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Design or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

Robert H. Tanner, M.D. Jefferson City, Mo.

3-3-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3/5/62

## 23c. NAME OF CEMETERY OR CREMATORY

St. Francis Xavier

## 23d. LOCATION (City, town, or county)

Taos, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Sybilster Duff J C Mo.

5 March 1962

R. P. Davis, M.D. M. Richter, Jr.

(Licensed Embalmer's Statement on Reverse Side)

VS MAR 6 1962

VS MAR 7 1962

MAY 15 1962

MAY 21 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4321

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.